



# EVALUATION FORM FOR STRUCTURED PROGRAMS IN MICROBIOLOGY (Route 3)

STUDENT'S NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME OF PROGRAM \_\_\_\_\_

Please indicate: \_\_\_\_\_ Quarter Hours \_\_\_\_\_ Semester Hours

| COURSE TITLE<br>30 semester hours<br>(45 quarter hours)<br>required in biology and chemistry | CREDIT HOURS<br>COMPLETED | CREDIT HOURS IN<br>PROGRESS |
|--|---------------------------|-----------------------------|
|--|---------------------------|-----------------------------|

**MICROBIOLOGY:**  
(16 semester hours or 24  
quarter hours required)

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**OTHER BIOLOGY & CHEMISTRY  
COURSES:**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

LENGTH OF STRUCTURED PROGRAM (in months) \_\_\_\_\_ TYPE OF DEGREE \_\_\_\_\_

EXPECTED DATE OF COMPLETION \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

DATE OF COMPLETION OF DEGREE REQUIREMENTS \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

This is to document that the above named student has successfully completed the current minimum academic requirements for the Board of Registry Technologist in Microbiology examination as checked and listed above, and has completed or will complete a baccalaureate degree by the examination date. I verify that the named student is enrolled in a structured program in Microbiology (one academic year in length) which is equivalent to the curriculum for Microbiology in the NAACLS accredited Medical Technology Program at the institution mentioned below and that this student will successfully complete the structured program in Microbiology prior to the examination date. I agree to notify the Board of Registry promptly if the student fails to complete any of the conditions stipulated above.

(Please Print) PROGRAM OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PROGRAM OFFICIAL'S SIGNATURE \_\_\_\_\_

NAME OF PROGRAM \_\_\_\_\_

SCHOOL IDENTIFICATION NUMBER \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

**BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR PROGRAM DIRECTOR WITH THIS REFERENCE FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD, STATE THAT THE REFERENCE FORM WAS COMPLETED BY YOUR PROGRAM DIRECTOR AND INCLUDE THE DATE AND YOUR PROGRAM DIRECTOR'S SIGNATURE.**